A1955

1952 CERTIFICATE OF DEATH

Rea.	Dist.	No.
 mag.	D.101.	

	0.0	Keg. Dist. No.
1. PLACE OF DEATH D. COUNTY HOWARD	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland b. COUNTY Howard
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town) Mt. Alry		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mt. Alry
d. NAME OF HOSPITAL (If not in hospital, go or INSTITUTION # 3	ive street address)	/ d. STREET ADDRESS  R.F.D. # 3  e. 15 RESIDENCE ON A FARM? YES \( \text{NO} \) NO (1)
3. NAME OF Fir DECEASED (Type or print) Ethe	l M. Aln	nony Lost 4. Date Month Day Yeor DEATH Feb. 2 19 59
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White	WIDOWED DIVORCED	April 3.1896   62 yrs.
10a. USUAL OCCUPATION (Give kind of work of during most of warking life, even if retired)	done 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTR
Housewife	Own Home	Madona, Md. USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Ernest Fehr	nan	Mamie Fehrman
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
No.	None (	Carroll E. Almony, Mt. Airy, Md.
Conditions, if ony, which gave rise to immediate couse (o), stoling the under-lying couse lost.    Conditions   Conditions	Hypere	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONI	206 DESCRIBE HOW INTERV OCCUPANT	D. (Enter nature of injury in Part I or Part II of item 18.)
	200. DESCRIBE HOW INJURY OCCURRE	D. (criter nature at injury in Part I or Part II or Item 18.)
20c. TIME OF INJURY Month, Day, Yea Hour D. Jr. p. m. 19		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the alive on		occurred at 21-19 M, from the causes and an the date stated above DATE SIGNE
220. BURIAL, CREMATION, 226. DATE THEREO	F 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial Feb. 5	1959 Salem	Madona, Harford Co., Md.
13. FUNERAL DIRECTOR'S SIGNATURE	with Damascus	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

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MARYLAND	STATE D	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4024					

			1954	CERT	TIFICA	TE OF DEAT	Н		Reg. [	Dist. No.	19	57
	PLACE OF DEATH o. COUNTY	Howard	County	r MA	RYLAND	2. USUAL RESIDENCE (W o. STATE Maryhand	here decease	ed lived. If instituti b. COUNTY	on: Resid	ence before	odmissi	on)
	b. CITY OR TOWN RURAL and give		te limits, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (IF	-		URAL one	d give neares	1 town)	2
	d. NAME OF HOSP OR INSTITUTION			ng Home		d. STREET ADDRESS 37 North	Prosp	ect Aven	ue	- 1		DENCE FARM? NO X
	NAME OF DECEASED (Type or print)	F	First Rebecca	Midd Gog	don	lost Barton	4. DATE OF DEATH	Mor Febr		Doy 26		eor 9 59
	sex Female	6. COLOR OR White		RRIED NEVER MAR	RIED	B. DATE OF BIRTH	80	9. AGE (In years lost birthdoy) 78 yrs.	Months Months	Doys H	UNDER	R 24 HRS. Min.
	. USUAL OCCUPAT during most of wo House FATHER'S NAME	rking life, even if	work done 10 retired)	o. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (SIGN	nia	country)	12. 0	U.S.A		COUNTRY?
13.		hn Adam	Noon			Ada Seib						
	WAS DECEASED EV	(If yes, give wor er d	ates of service)	s. SOCIAL SECURITY N	Mr	rs.Francis I	. Dun	170 20 37		th Pro	-	ct Av
ION	PART I. DE  493 X  Conditions, if gove rise Io couse (o), stoting lying couse lost	ATH WAS CAUSEI IMMEDIATE CA  Dony, which immediate g the under-	D BY: USE (o) UE TO (b) UE TO (c)	tine for (o) (b), and (	lini	NOT RELATED TO THE TERM	AINAL DISEA	SE CONDITION GIV	/EN IN PA		147	DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)							ES 🔲	NO D				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Do	whi	INJURY OCCURRED  Not while ork of work	20e. PLA foc	CE OF INJURY (Home, fari lary, street, office bldg., et	m, 20f. (Cil	ly or town)		(County)		(Stote)
	21. I certify to alive on	hat I attended 129 Durr	the deceded 19		24 of death	occurred at 1/140	420 AM, fro ADDRESS (		and on	I last saw the date	state	

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 3-2-59 Meadowridge Cemetery

22d. LOCATION (City, town, or county) Elkridge, Maryland

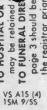
24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR

William Cook, Inc., 1217 St. Paul Street

ADDRESS

23. FUNERAL DIRECTOR'S SIGNATURE

arthur S. Krous



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			Water Harris	
	All resources			O'ALLES
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1955

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH 0. COUNTY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Howard	Maryland Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Balto, 27, Dorsey 38 yrs.	X Balto. #27. Dorsey
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Dorsey Road	Rt. 4 - Box 433 YES NO 12
3. NAME OF First Middle DECEASED (Type or print) JAMES E	tost 4. DATE Month Doy Year OF DEATH February 27 1950
5. SEX 6. COLOR OR RACE 7. MARRIED TINEYER MARRIED	
Male White WIDOWED DIVORCED	lost birthday) Months Days Hours Min
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN	
during most of working life, even if refired)	p. Baltimore, Maryland U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James B. Cassady	Clara R. Davis
	7. INFORMANT Address
(Yes, no, or unknown)	Mrs. Rovena Cassady Same As #2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
162.1 IMMEDIATE CAUSE (c) Promise	10 - constant la
Conditions, if ony, which) (b) Collection	astrala to lorain 2 m
gove rise to immediate DUE TO	
couse (o), stoling the under-	coaterin 6 mg
(()	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
S TAX III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED?
3	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form,   20f. (City or town) (County) (Stote)
20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	factory, street, office bldg., etc.)
21. I certify that I attended the deceased from.	A. 1928, to Fral 21, 1939, that I last saw the decease
alive an Holin 20, 1999, and that de	ath accurred at 1. A.M. from the causes and on the date stated above
	ADDRESS (Street, city or town, stole) DATE SIGNE
SIGNATURE AS AS ASSEMBLE CONTRACTOR	JANO. 5609 main &7 2/23,
PHYSICIAN'S BBBCUmbaugh	El pudge 27 mg
20. BURIAL, CREMATION, 22b. DATE THEREOF 2c. NAME OF CEMETER BURIAL (Specify) Feb. 24/59 Meadowri	dan Man Die III and Grand III
, , , , , , , , , , , , , , , , , , , ,	and a doi:
B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REGISTRAR 24b. REGISTRAR'S SIGNATURE
Ilchard I- Strymon Glen Burn	ie, Md. Date Cathur or
	4: / Value

CHARLES CHRISTING OF DEATH 58 AND 

#### FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please xecute the certification writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yourself. FUNERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the State Board realth, rist designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours ofter death. 

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VS.	A15	5ME	
5N	1 2/	57	

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1956 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01959 Reg. Dist. No.

1	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
L	Howard	o. STATE b. COUNTY Howard							
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Elkridge	X Elkridge							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM							
	6319 Old Washington Blvd	6319 Old Washington Blvd. YES NO NO							
3	NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year							
	(Type or print) WALTER P. CTEPTELA	DEATH Feb. 25, 1959 19							
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If UNDER 1 YEAR IF UNDER 24 HF							
	Male White WIDOWED DIVORCED	Sept. 9.1897 61 yrs. Months Days Hours Min.							
1	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)								
li li	Tailor	Poland IISA							
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	John Ciepiela	Agatha Wujcik							
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address							
	Doll oh Asmer 1216 22 0260 1	Walter Ciepiela, Elkridge, Md							
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL DETWEEN ONSET AND DEATH							
1	PART I. DEATH WAS CAUSED BY: Coronary Thrombosis								
	420. / Due to								
H	Conditions, if ony, which (b)								
	gave rise to immediate cause ( (a), stating the underlying (DUE TO								
L	couse fast. (c)								
į	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS							
15		PERFORMED?							
CENTRES CANON	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of Item 18.)							
10		LACE OF INJURY (Home, form, 120f. (City or town) (County) (State)							
24.5	Hour e. m. While Not while of work of work	Clory, sheet, office biogr, etc.)							
L	21. I certify that I took charge af the remains described above, held an Autapsy , Inspection X, Inquiry X, and in my								
	opinion death resulted fram: Natural causes X. Accident . Suicide . Homicide . Undetermined manner								
1	601								
	SIGNATURE GLORGE & Bury tark	M.D. CHIEF MEDICAL EXAMINER							
		ASSISTANT MEDICAL EXAMINER							
	EXAMINER'S NAME (Type) George E. Burgtorf MD	DEPUTY MEDICAL EXAMINER TO Feb. 25.1959							
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C								
	REMOVAL Serify 2/28/59 St. Stanislaus	Cemetery 1300 Dundalk Ave Balto, Md.							
2	3. FUNDRAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
L	Teorge & Weber 705 & ann	rt 0488 26 59 arthur & Kraus							
E	4	The state of the s							

FIRST ADS

Rea. Dist. No.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR VS A15 (4) 15M 9/55

1.	PLACE OF DEATH o. COUNTY	oward Coun	ty	MARYLA		USUAL RESIDENCE (W	- Year	d lived. If institutio b. COUNTY	n: Residence	before admission)
	b. CITY OR TOWN RURAL and give	(If outside corporate limits, nearest town)	, write	c. LENGTH OF STAY IN	1b	e. CITY OR TOWN (IF	outside corpo	prote limits, write RL	IRAL end gi	ve nearest fown)
	Clarks	ville		lyr.		Chapel	Oaks	Md.	16	X-2
	d. NAME OF HOSP OR INSTITUTION					d. STREET ADDRESS			7.199	IS RESIDENCE     ON A FARM?
_		Hinkson B		Home		5337 Add:		Chapel H	Rd.	YES NO
3.	NAME OF DECEASED (Type or print)		nest			ar, Jr.	4. DATE OF DEATH	Mont 2	h	Day Year 10 159
5.	SEX M	6. COLOR OR RACE		D DIVORCED	77.	-20 -58		9. AGE (In years lost birthday)  1 yrs.		YEAR IF UNDER 24 HR Days Hours Min.
100	during most of wo	ION (Give kind of wark do rking life, even if retired)		kind of Business or	INDUSTRY	Distric				S.A.
13.	FATHER'S NAME				14	MOTHER'S MAIDEN				
		Ernest L. 1	Dunt	ar		Edna Jo	ohnso	n		
1S. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FORCE (If yes, give war or dates of serv		None	17. INFOR	mant na Dunbai	r 53	Addis		hapel Rd
		ATH [Enter only one county ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	se per lin	for (a), (b), and (c).]	xia					INTERVAL BETWEEN ONSET AND DEATH 3 months
	Conditions, if gove rise to couse (o), stoting lying couse lost.	immediate DUE TO		Inter	nal l	nydroceph	alus,	congen	ital	13 months
CATION	PART II. OI	HER SIGNIFICANT CONDI	ITIONS <u>C</u>	ONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERM	IINAL DISEAS	E CONDITION GIVE	N IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCC	URRED. (Er	ter noture of injury in	Port I or Por	t II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.m. p.m.	19	While of work	Nat while of work	factory,	OF INJURY (Home, form street, office bldg., etc	c.)			ounty) (State
	21. 1 certify 1 alive on	3 /	, 125	9, and that d	eath acc	curred at 3:00	PoM, from	n the causes at	nd an the	e date stated aba
	ACTUAL SIGNATURE	hades 5-1	Mul	Taker M. !	D_ M.D.	Clarksv	ille,	Maryla		2-10-59
	PHYSICIAN'S NAME (Type) C	harles S.	Whi-	taker, M.I	).					
220	BURIAL, CREMATIC	ON, 226. DATE THEREOF		22c. NAME OF CEMETE	RY OR CRE	MATORY	22d. LOCA	TION (City, town, or	county)	(Stote)
	Burial	2-12-59		Woodlawn			Was	hington		D.C.
23,	FUNERAL DIRECTO	I SIGNATURE CL	ens	ADDRESS 4339Hunt	Р1.		D BY REGIST	TRAR 24b. REGIST		NATURE

DECEMBER OF DEATH E. TO LEGACE CORLINA TENC Place To a little of the Technology TOURISM A TOURISM Milition F dame to data marrie acceptate or bad Lammani The second section of the second seco THERE IS IN A THE ENGINEER OF THE SET OF THE PROPERTY OF THE PARTY OF February of the property of the state of the

VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No.

		LACE OF DEATH	Howa	rd	MARYLAND	2. USUAL RESIDENCE		. If Institution: Reside	nce before admission)	
	b	clify or town	(If outside corporate limits, wri	ne RURAL C. LE	INGTH OF STAY IN 16  7 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Elkridge Rural				
3	d	7.	TAL OR INSTITUTION	1 1010	give street address)	d. STREET ADDRESS	rowery R	ood	o. IS RESIDENCE ON A FARM? YES NO	
	-1	NAME OF DECEASED (Type or print)	Ge	or Ge	Middle HA	FNER	4. DATE OF DEATH	Month 2	Doy Year 13 1959	
	5. \$	male	6. COLOR OR RACE	WIDOWED [	DIVORCED	8-20-18	92 9. AGE lost by	thdeyl Months	TYEAR IF UNDER 24 HRS Days Hours Min.	
	M	uring most of work	ing life, even if retired)	done 10b. KIND C	elrood	11. BIRTHPLACE (Stor	e or foreign country)	ulled 12. CITI	ZEN OF WHAT COUNTRY?	
1	13.	FATHER'S MAME	19. H.	AFN	ER	MA OF E	NAME SC	hLEIC.	HER OF	
/	15/ (yes.	WAS DECEASED E	VER IN U. S. ARMED FO [If yes, give war or dates of		L SECURITY NO. 17. 11 -07-8756	andreu	- Ruskett	Address Mrs	nigotney Nd.	
		E-8117 (1743)	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	10	(b), and (c).]	Cumbos	is		INTERVA BETWEEN ONSET AND DEATH. ONSET AND DEATH.	
		420. DUE TO Conditions, if any, which gove rise to immediate cause  (b) Arthroxclerosis  4 years								
		(a), stating the underlying couse last.  (b) DUE TO								
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)								PERFORMED? YES NO	
		20a. EXTERNAL CAPRIMARY   ar CC	ONTRIBUTING LI	0b. DESCRIBE HOW	INJURY OCCURRED. (E	nter nature of injury in Po	ort I ar Port II of item	18.)		
	MEDICAL	20c. TIME OF INJU Hour a, m. p. m.		While		CE OF INJURY (Home, for ory, street, office bldg., et	m, 20f. (City or town	) (Cou	nty) (State)	
			that I took charged from: Natural			ve, held an Autop cide [], Homicid		on X, Inquir mined cause [	y X, and find that	
ACTUAL SIGNATURE SIGNATURE & Deug tof M.D. CHIEF MEDICAL EXAMINER [									DATE SIGNED	
2		EXAMINER'S NAME (Type)	George	E. Buk	egtorf M	D, DEPUTY MEDICAL			2/10/54	
	1	REMOVAL (Specifical Control of the C	116JE6	1959 19	DALTIMO	RE CEM	22d. LOGATION (CI	ty, town, or county)	(Stote)	
	23./	FUNERAL DIRECTO	r's signature	ilters	RAHVSTR	CER DATE		Carthan S.	NATURE TONA	

SHOMESINE - HTS ASIA TO THE MISTARING TRATE COMMITTED IN HTAEGROEISAUHUSIZJENEHUUSAKE JASIKEOLA

VS A15 (4) 15M 10/57

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Ped W	

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1050

Reg. Dist. No. 0.1962

		oward	MARYLA	Track y L	and	b. COUNTY	Howar	rd	
t	b. CITY OR TOWN (III RUEAL and give no ELLICO	outside corporate limits, arest town)	write c. LENGTH OF STAY IN 85 yrs		ott Cit		URAL ond giv	e nearest town	)
(	OR INSTITUTION .	AL (If not in hospitol, give	street oddress)	. STREET ADDRESS Cente	nnial L	ane			DENCE FARM?
- [	NAME OF DECEASED (Type or print)	Victor	Middle B •	Iglehart	4. DATE OF DEATH	Febru			rear 9 <b>5</b> 9
5. S	nale		MARRIED NEVER MARRIED [	0 70 70	9.	AGE (In years last birthdoy) 95 yrs.		YEAR IF UNDE	R 24 HR Min.
10a.	during most of work	IN (Give kind of work dar- ing life, even if retired)	Farm		ott Cit			U.S.A	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Rufus 1	Iglehart		Eliza	beth Ph	elps			
15. Yes	WAS DECEASED EVE	R IN U. S. ARMED FORCE		17. INFORMANT		Addr	ess		
	No No	72, 970 12 2 22 2	XNORS	Mrs. Floren	ce Igle	hart,	Ellic	cott C	ity
	Conditions, if or gave rise to in couse (o), stoting lying couse lost.	nmediate (	Coronary ar	tery occlus	ion			insta	nt.
Z	PART II. OTH		TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE CO	ONDITION GIV	EN IN PART 1		
CATION	ditaile							YES T	RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	LI CAUSE OF DEATH I	b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury i	in Port I or Port II	of item 1B.)			
	20c. TIME OF INJURY Hour o.m.	Month, Day, Year	20d. INJURY OCCURRED While Not while of work of wark	e. PLACE OF INJURY (Hame, fo foctory, street, office bldg., e	erm, 20f. (City or etc.)	tawn)	(Co	unty)	(Stat
MEDICAL	p. m.								
MEDI	21. I certify the alive an Feb	Thades S.		cath occurred at 8:00	eb. 25, OP <sub>M</sub> , from the ADDRESS (Street ville,	he causes a l, city or town,	nd on the		d abo

Drawn Problem of the control of the	8231	
		How by John
		THE THAT IF
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	- Barrison Barrison	
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Jon worth Company of the Company of		
to perfect the first tend of the control of the con		The state of the s
Company of the Allies of the Company		A CANADA SAMPA
		an it selped from
		Leonald In the Carl

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PN AND DE	IS OF DEATH	ADRITION	aaet
			1-17- Charles
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Mary To Landon at 1 work		on the court	

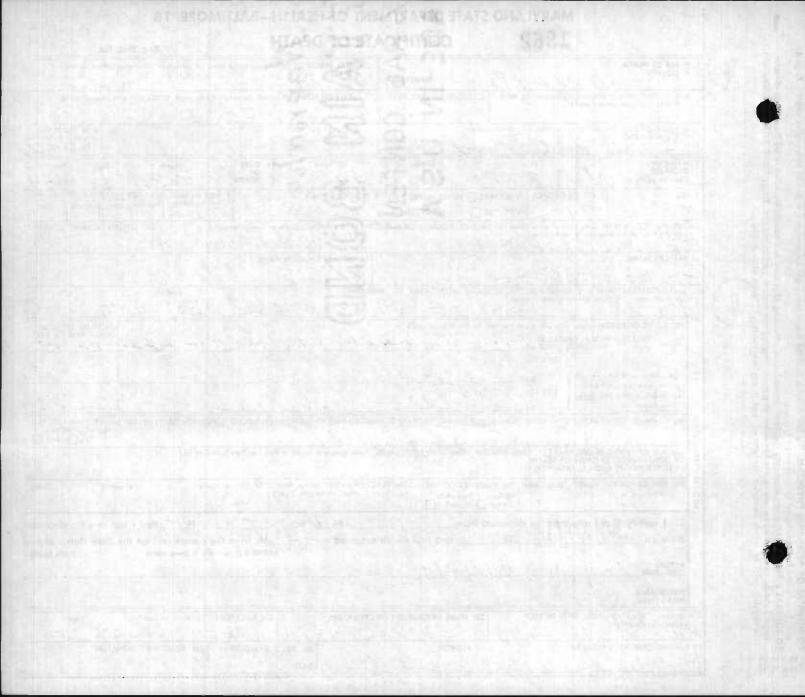
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1961

**CERTIFICATE OF DEATH** 

	wag. Dist. 110.
1, PLACE OF DEATH  O. COUNTY HOWELL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL IT not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  Poute 32  e. IS RESIDENCE ON A FARM? YES \( \) NO
3. NAME OF DECEASED (Type or print) CLQYTOM E, Middle	DONALD DEATH HELL 27 1959
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthday)  14 3 yrs.  15 UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Military acce.	DUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY:
13. FATHER'S NAME	Margaret Hraft
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes, give wor or doles of service) 2/9-20-1537	. INFORMANT Address Address Carginia & Mc Bomald - Of Macoille, 714
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which )	lungi generalyed INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse lost.	27 Feb 59
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  OR CONTRIBUTING  CAUSE OF DEATH  OF CONTRIBUTING  CONTRIBU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work of twork 1	PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased from 195 alive an 27 4 1959, and that dea	th accurred at A, M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED
ACTUAL SIGNATURE SHOWARD & Ball	M.D. Africandles Med 27 Fach ST
PHYSICIAN'S HOWAYD E, HALL  220. BURIAL, CREMATION, 121. DATE THEREOF 121. NAME OF CEMETERY	SYKESVILLE, MD.
BEMOVAL (Specify) 3-2-59 Afringfu	ill Aghisulle, mid.
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1963

#### CERTIFICATE OF DEATH

01966

		N. W	UU	OLICI II I	7712	01 027111			Reg. Dist	. No.	
1)	1. PLACE OF DEA			MARYLAND		UAL RESIDENCE (WI STATE Maryland	iere decease	d lived. If institution b. COUNTY	ni Residence		ision)
	b. CITY OR TO RURAL ond	WN (If outside corp give neores! lown) tt City	porote limits, wri	te c. LENGTH OF STAY IN 16	c.	Simps on v		prote limits, write R	URAL and gi	ve nearest tow	n)
70	d. NAME OF I	OSPITAL (If not in		eet oddress)	/ d.	STREET ADDRESS				ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	MEGUATA	First	Middle		Lost	4. DATE OF DEATH	Mon		Day	Yeor
	5. SEX	MTCHAEL 6. COLOR	OR RACE 7. M	MATHELEAX NAHALK		OF BIRTH		9. AGE flo years	2,1959	YEAR IF UND	
	Male	Whi	te wind	OWED A DIVORCED	Ja	n.1,1874		last birthday) 85 yrs.	Months [	Days Hours	Min.
	during most	of working life, ever	of work done 1 if retired)	06. KIND OF BUSINESS OR IND	USTRY 11			country)		ZEN OF WHA	T COUNTRY
	Labore 13. FATHER'S NA				14. A	Czechoslo			1 U	SA	
	Michae	el Naholk	2.		1	arv ?					
		ED EVER IN U. S. Al		16. SOCIAL SECURITY NO. 17.	INFORM			Adde	ess		
	No	(11 )02, 910 110.	ar adres or service,	148-09-1962	r.El	mer D.Sno	ok.Sir	mpsonvill	e.Md		
1		I. DEATH WAS CAL	JSED BY:	er line for (a), (b), and (c).]	<i>y</i>					INTERVAL B	D DEATH
1	610	IMMEDIATE	DUE TO	N/						Chica	07-
		, if ony, which )	(b)								
		to immediate taling the under-	DUE TO								34
2	NOTAN BEN !	GN PRO	ANT CONDITION	NS CONTRIBUTING TO DEATH BUT HYPERTRO		LATED TO THE TERM				PERF	AUTOPSY ORMED?
	OR CONTRIB	NT WAS UNDERLYII UTING [] CAUSE C OTIFY MEDICAL EX	F DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter	noture of injury in	Port I or Por	rt II of item 1B.)			
1	Hour		wi wi	d. INJURY OCCURRED 20e. F hile Not while work at work	PLACE OF octory, str	INJURY (Home, form set, office bldg., etc	20f. (City	y or town)	(Ce	ounty)	(Slote)
		fy that I atten	ded the dece	where	/	19.58, to 2				ast saw the	
	alive an_	JAN TEX	110	2_27, and that deat	h accu	red at 7.39		m the causes a street, city or town,			ed abave
,	ACTUAL SIGNATURE_	Your	CA (-1	caken	_ M.D					276	- 5.9
	PHYSICIAN'S NAME (Type	NA		Elsters k	13		10077			MD.	
	REMOVAL (S REMOVAL (S		TE THEREOF	22c. NAME OF CEMETERY	OR CREM		22d. LOCA	TION (City, town, o	or county)	(Sto	te)
	23. FUNERAL DIR	CTOR'S SIGNATUR		ADDRESS		240. REC'	D BY REGIS		TRAR'S SIGI		
	F.C. Hi	ginbothom	Ellico	tt City, Md		DATE	10 m 0		20,	· Atmosphi	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page 4 the haspital ar attending physician. It After this certificate has been signed by the attending physician and completely filled in by the feeral director, TO HOSPITAL OR may be retained TO FUNERAL DIRE

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18
1964	CERTIFICATE	OF	DEATH		

	Reg. Dist. I	No.
1. PLACE OF DEATH o. COUNTY HOWARD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence book STATE Maryland b. COUNTY Howard	efore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Clarksville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Rte 32	d. STREET ADDRESS Rt. 32	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) JESS IE HOBBS SCOTT	Lost 4. DATE Month Of DEATH Feb. 26, 1959	Day Year
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     Female   White   WIDOWED   DIVORCED	8. DATE OF BIRTH 4-26-1880  9. AGE (In years lif UNDER 1 YI lost birthday) 78 yrs.  Months Day	AR IF UNDER 24 HPS. ys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At Home	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN Alpha, Md.	N OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Wesley Hobbs	Elizabeth Ridgley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [17. [Yes. no. or unknown] [If yes, give wor or dates of service]	INFORMANT Address	
No None J.	William Scott, Clarksville, Md	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	gliaf Infriction	NTERVAL BETWEEN ONSET AND GEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying cause lost.  (b)  DUE TO  (c)	Clark .	un.
5 Chr. Brown	T NOT REALED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6	19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Part 1 or Part II of item 18.)	
	LACE OF INJURY (Home, farm, 20f. (City or town) (Courtory, street, office bidg., etc.)	ity) (State)
21. I certify that/I attended the deceased from 9/14 alive on 9/14 ACTUAL	h occurred at 1 5 M, from the causes and an the ADDRESS (Street, city or town, stote)	
SIGNATURE  PHYSICIAN'S NAME (Type)	M.D. If Clive Mills	12459
220. BURIAL (CREMATION, REMOVAL (Specify) Burial  22b. Date thereof REMOVAL (Specify) 301-59  Wt. Zion	OR CREMATORY 22d. LOCATION (City, town, or county) Highland	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	11,00
F.C. Higinbothom, Ellicott City, Md	DATEMAR 2 '59 Cuthun & to	all

erk 3 32 Ly production constitution (1) And the second constitution an

1965 CERTIFICATE OF DEATH

01968

		4 0 0						Reg. Dis	t. No.	
1. PLACE OF DEA	oward		MARYLAND	2. USUAL RESID	ence (whe	ere deceased I	ived. If institution b. COUNTY	nı Residend	e before adm	nission)
RURAJ and	WN (If outside corpord live nearest town) 11and	(Rural	c. LENGTH OF STAY IN 16	K Highla		rtside corporet	te limits, write R		ive nearest to	wn)
d. NAME OF H OR INSTITUT	OSPITAL (If not in hosp YON	pital, give street		d. STREET AC	DRESS					ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		First ISABELI		SMITH SMITH		4. DATE OF DEATH	Mon F	h eb.	Doy	Yeor 19 59
Fema.	le Color	ed widow		8. DATE OF BIRTH	, 189	99	AGE (In years less birthdoy) yrs.	IF UNDER	TYEAR IF UN	DER 24 HRS.
Hou:	sekee per	work done 10b. retired)	Home		CE (Stote o		ntry)		ZEN OF WH	AT COUNTRY
3. EATHER'S NAM	h H. Allen			14. MOTHER'S		t Dors	ey			
15. WAS DECEASE (Yes, no. or unknown)	O EVER IN U. S. ARME			INFORMANT	.over	Hig	hland,			
	DEATH (Enter only of DEATH WAS CAUSED IMMEDIATE CA	BY:	ne for (o), (b), ond (c).] Uremia						INTERVAL ONSET AN 3 WE	
gove rise	if ony, which to immediate bring the under-	(b) UE TO	Nephros	clerosia	3				5 ye	ars
PART II  Diab  200. ACCIDEN  OR CONTRIBL	other significant	itus 20b. DES	CONTRIBUTING TO DEATH BU  - 8 years  CRIBE HOW INJURY OCCURRI					EN IN PART	PER	S AUTOPSY ORMED?
20c. TIME OF I	NJURY Month, Doy	r, Year 20d. II		LACE OF INJURY (H octory, street, office		20f. (City or	town)	(Co	ounty)	(Stote)
21. I certif	y that I attended Feb. 18,	the deceas	ed from May 6	19 58 1 occurred a	10 F€	b. 11 M, from 1	, 19 <u>59</u> The causes a	,that I le	ast saw the	e deceased
ACTUAL SIGNATURE_	Choolis	5. W	itales, M. I		A	DDRESS (Stree	et, city or town,	stote)		DATE SIGNE
PHYSICIAN'S NAME (Type)			hitaker, M.				e, Mar		đ	
REMOVAL (Sp	~ ~/	1/59	22c. NAME OF CEMETERY C	R CREMATORY		23. LOCATIO Simp	N (City, town, opening)	county)	(St	ole)
3. FUNERAL DIREC	TOR'S SIGNATURE	node	ADDRESS  Rockwille		240. REC'D	BY REGISTRA 1 7 '59		TRAR'S SIGH		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital are attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physician and completely filled in by the fractor, page 3 should be sefached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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1966

**CERTIFICATE OF DEATH** 

01969 Reg. Dist. No.

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be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 Ь. d. **D FUNERAL DIRE**R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be proched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shifter registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. NA DE (Ty 10a. L 13. FA 15. W. (Yes, no MEDICAL CERTIFICATION 20 (11 TO FUNERAL DIRE 220. [ 23. FU

COUNTY Howard			MARYLAND	2. USUAL RESI	3.4	ere deceased	l lived. If institution b. COUNTY		e before adm	ission)
CITY OR TOWN (II RURAL and give ne		- 1	c. LENGTH OF STAY IN 16				rote limits, write R		ive nearest to	wn)
Ellicott		ural)	39 vrs	× Ellic		ity,	(R <sub>1</sub>	ural)		
NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)	R. F		2			ON	ESIDENCE A FARM?
ME OF CEASED pe or print)	Fir EI	LIS	Middle	STREET		4. DATE OF DEATH	Mor Fe1		Day 8	Yeor 19 59
Male	6. COLOR OR RACE Colored	7. MARI	RIED NEVER MARRIED DIVORCED	B. DATE OF BIRT			9. AGE (In years lost birthday) 70 yrs.		YEAR IF UN	
USUAL OCCUPATION Uring most of work	ing life, even if retired)		KIND OF BUSINESS OR INDU			or foreign co		12. CITI	U.S.A	AT COUNTRY
THER'S NAME				14. MOTHER'S	MAIDEN N	IAME				
R	obert Street	et.		Mol:	Lie Jo	nes				
			SOCIAL SECURITY NO. 17.	NFORMANT		- 1	Add	ress		
o. or unknown) (	If yes, give war or dates of s		214-24-6552	frs. Magg	ie St	reet.	Ellico	tt Cit	y, Ma.	Route
	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o		uremia.						INTERVAL ONSET AN	ID DEATH
Conditions, if or			Nephrosc	lerosis					6 mo	nths
gove rise to in cause (o), stoting t ying couse lost.	nmediate (									
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PERI	S AUTOPSY FORMED?
Do. ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	f injury in f	Port I or Port	II of item 1B.)	63.71		
Hour o. m.	Month, Day, Yea	While of wor	Not while fo	ACE OF INJURY ( ctory, street, office	Home, form bldg., etc.	20f. (City	or fown)	(Co	ounty)	(Stole)
live an	at 1 attended the 2-6- Usles S	_, 19_	59 , and that death	-21 To 46	:45 I	M, fran	the causes of reet, city or town.  1e, Ma.	and on th	e date sta	e decease ited abave DATE SIGNEI
			taker, M.D.	m.U.						
URIAL, CREMATION	2/11/59	F	22c. NAME OF CEMETERY CO				ON (City, town,		(St	ole)
NERAL DIRECTOR'S	SIGNATURE	len	ADORESS Rockville	Md.	24a. REC'I	BY REGIST		STRAR'S SIG		

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1967 CERTIFICATE OF DEATH

Reg. Dist. No. 1197()

	PLACE OF DEATH o. COUNTY Howard			MARYL		2. USUAL RESIL o. STATE Maryla:		ere deceased li	ved. If institution b. COUNTY	oni Residence	e before oc	Imission)
E	b. CITY OR TOWN (IF RURAL and give need Clicott Ci	prest town)	ls, write	c. LENGTH OF STAY II	N 1b	4	ott C		e limits, write R	URAL ond gi	ve nearest	town)
	d. NAME OF HOSPITA OR INSTITUTION 51 Merrym		ive street	oddress)		d. STREET A	odress rrymai	n St			0	RESIDENCE N A FARM?
	NAME OF DECEASED (Type or print)	Fir GEORGE		Middle T.L.TAMS		los	t	4. DATE OF DEATH	Feb.25		Day	Year 19
S. :	SEX	6. COLOR OR RACE	7. MARR	IED A NEVER MARRIED	8.							NDER 24 HRS.
	Male	Colored	WIDOWE	DIVORCED		3-8-189	8		60 yrs.	Months I	Days Ho	urs Min.
	Laborer	N (Give kind of work on the life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUST	Mar	yland		ntry)	12. CITIZ	EN OF W	HAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	John T	Villiams				Be	essie	Johnson	1			
15.		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT			Addr	ess		
1	WW 1	yes, give wor or dulet of the		17-05-2996	Da	isy Wil	liams	,Ellico	ott City	, Md		
Z	Conditions, if on gove rise to im couse (o), stating the lying cause lost.	mediate DUE TO	HYP	REBRAL  CONTRIBUTING TO DEAT	VE		10 V P3	soula	S DITE		cha	ONIC
CERTIFICATION	20o. ACCIDENT WAS			CRIBE HOW INJURY OC						211111111111111111111111111111111111111	PE	RFORMED?
CERT	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CRIDE HOW HAJORI OC	CORRED.	temes notore of	a injury in r	orrior room	or trem ro.,			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While of worl	_ Not while _	PLAC facto	E OF INJURY (I	Home, farm, bldg., etc.	20f. (City or	town)	(Ce	ounty)	(Stote)
	actual SIGNATURE	at I attended the 2-16- mald Et	decease 195	ed from. 11- 7, and that a	death o				/	ind an th	e date s	he deceased taled above. DATE SIGNED
	PHYSICIAN'S NAME (Type)	OMALL	) E	FISHE	-12				/			
220	BURIAL, CREMATION REMOVAL (Specify) BURIAL	3-2-59	F	22c. NAME OF CEMET					N (City, town, o			Stole)
23.	FUNERAL DIRECTOR'S			ADDRESS			24a. REC'D	BY REGISTRA		TRAR'S SIG	NATURE	
	F.C. Higin	bothom, Ell:	icott	City, Md			DATE	9 159	1	1 9 4	·nuA	

the cold prints being the

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1968 CERTIFICATE OF DEATH

Reg. Dist. No. 11971

1. PLACE OF DEATH o. COUNTY Haward MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE b. COUNTY Backson	enn
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Lultan  15 mas	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Mascaur  75 x - 3	V
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Live Annual Pest Have	d. STREET ADDRESS ON A F.	ARM?
3. NAME OF DECEASED (Type or print) Maude Lauise	Wilson 4. DATE Month Doy Year OF DEATH Schwarz 24 19	5-9
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years least birthday)  Months Days Haurs  yrs.	24 HRS. Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if selired)  Menu employee	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	SH
13. FATHER'S NAME  Stephen  15. WAS DECEMBED EVER IN U. S. ARMED FORCES 116. SOCIAL SECURITY NO. 117. 1	Sarah Jane Parsan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. 8  (Yes, no. or unknown) (If yes, give wor or dates of service)	help G. Baker N. Laurel Med	/
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  FROM TO Consider the constant of	ince farluce Interval BETWONSET AND DE	EATH
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  DUE TO  (b)  Articles Client  (c)	tichent deserce 5 years	3
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AU PERFORM YES 1	TOPSY NED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the late of work at work 20d. INJURY OCCURRED to the late of work 20d. INJURY OCCURRED to the late	ACE OF INJURY (Home, farm, 20f. (City or lown) (Caunty)	(State)
21. I certify that I attended the deceased from 10/2 alive an	accurred at 106 AM, from the causes and on the date stated  ADDRESS (Street, city or town, state)  DATE  LITICKS VILLE ADD	
PHYSICIAN'S CHARLES S. WHITAKER		26_3_/.
229. BURIAL, CREMATION, 226. DATE THEREOF, 22c. NAME OF CEMETERY O	In Crem. Colman Manny My	1
23. FUNTRAL DIRECTOR'S SIGNATURE ADDRESS?	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Outland S. Huma	

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		A CONTRACTOR OF THE PARTY OF TH	
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	RAUL WORLD TO THE TANK	DATE OF THE STATE OF	

1969 CERTIFICATE OF DEATH

Reg. Dist. No.

01972

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1. PLACE OF DEATH o. COUNTY	loward		MARYL	AND		NCE (Where decease aryland	d lived. II institut b. COUNTY		e before adn	nission)
b. CITY OR TOWN ( RURAL and give of Ellic	(If outside corporate limi	ts, write	c. LENGTH OF STAY I	- 11	e. CITY OR TO Balti	ve nearest to	wn)			
d. NAME OF HOSPI OR INSTITUTION	Taylor Ma			,	d. STREET ADD	Garrison			e. IS I	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Geor		Middle B.		Young	4. DATE OF DEATH	Mod Februa		Doy	Yeor 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARE	NEVER MARRIES		DATE OF BIRTH	3	9. AGE (In years lost birthdoy) 75 yrs.	Months [	YEAR IF UN	IDER 24 HRS.
Bookkeep	ON (Give kind of work of rking life, even if refired er (rtd)	)	KIND OF BUSINESS OF	NDUS	Bet	terton, 1		12. CITIZ	U.S	AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S M					
Robert C				T	175	le A. Crev				
(Yes, no, or unknown)  NONE	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.	1	formant s. Fanni	B. Young	- 3401		on Bl	vd.
Conditions, if a gove rise to couse (o), stoting lying cause last.	the under-	)	Myocar Arterioso eriosclero	eler		rt disea	5e		unkr	nrs.
C.B.S.	HER SIGNIFICANT CON With psyc  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	hosi		rte	rioscler hird oes	osis	(cancer)		PER	S AUTOPSY FORMED?
-	RY Month, Doy. Yes	While	NJURY OCCURRED Not while k of work	20e. PLA foct	CE OF INJURY (Ho ory, street, office b	me, farm, 20f. (Cityldg., etc.)	or town)	(Co	ounty)	(Stote)
21. I certify to alive on	phen lastended the 2/3/59  phen lastended the 2/3/59	2 R	ed from Jan 59, and that Legness gness, M.I	death	occurred of O	Manor Ho	n the causes of treet, city or town, ospital,	and an the state) Ellica	e date sta	DATE SIGNE ty 2/ 2/3/5
220. BURIAL, CREMATIC REMOVAL (Specify Burial		F	22c. NAME OF CEME  IVY Hil			22d. LOCA	tion (city, town, Laurel,		(S	tate)
23. FUNERAL DIRECTOR	Signature Signature	4 1	ADDRESS?	to	11/1	40. PACE BY REGIS		STRAR'S SICH		

erof director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRE

R. After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifther registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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